

2018–2019 Registration / Permission Form

Sunday School & LOGOS Programs
for Pre-K – 12th Grade

REGISTRATION FORM

Parent(s) name _____

Address _____

Phone _____ (home) _____ (cell)

Email _____

Child/youth email address _____

Child/youth texting number _____

The yearly fee, as well as church and private donations, supports meals, activities and special events.

Name	Date of Birth	Grade	Yearly Fee
1st child			\$ 50.00
2nd child			\$ 20.00
3rd child			\$ 20.00
4th child			\$ 20.00
TOTAL *			

** Please make checks payable to Central Presbyterian Church
or register using the online form at www.dmcpc.org/childrenyouth/.*

Permission form is on reverse side.

PERMISSION FORM

I, _____ (parent/guardian name) give my permission for _____ (student name) to participate in any and all the scheduled program activities which take place outside the Central Presbyterian Church building, but in the Des Moines greater metropolitan area until September 2019. I understand that Central Presbyterian Church will attempt to provide transportation by adults and that I will be notified of schedules and costs as the activities arise. If licensed youth drive their own vehicle or if youth ride with other licensed youth, the youth assume their own risk.

In case of emergency, I can be located at the following phone numbers:

1. _____ 2. _____

If unable to reach me, please call the following person:

Name: _____

Phone: _____

PUBLICITY

I (please circle) give / do not give permission for my child’s picture and/or words to appear on any medium of communication (for example, radio, television, newspapers, Central Presbyterian brochure or web site) as a means of promoting Central Presbyterian Church. *Your child will still be able to participate in all events even if you do not give permission.*

Signature of parent/guardian: _____ Date _____

LIABILITY/MEDICAL PERMISSION

I release and will hold harmless Central Presbyterian Church and all volunteers and staff persons involved from liability and for any mishap or accident which might occur. I also give permission for the leaders to arrange emergency care in case of an accident or injury, at my expense.

Signature of parent/guardian _____ Date _____

MEDICAL INFORMATION**

Name of medical insurance: _____

Policy number: _____

Name on policy: _____

Does your child have any known allergies? If yes, list name, allergies, type of reaction and medical treatment:

Please be sure instructions, including dosage and method of administration, are on medication container.

*** Applies for children and youth in Sunday School, Wednesday night LOGOS, choirs, Middle and Senior High groups and Power Read for out-of-church trips within the Greater Des Moines metro area.*

